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APPLICANTS

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**** CONTINUING DATA ******* *[Handwritten mark]*

**** FOREIGN APPLICATIONS ******* *[Handwritten mark]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
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ADDRESS
 DYKEMA GOSSETT PLLC
 SUITE 300
 39577 WOODWARD
 BLOOMFIELD HILLS , MI
 48304

TITLE
 Wheel arrangement

FILING FEE RECEIVED 464	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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